PRINTED: 07/16/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4305HIC 06/24/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1038 ASTOUNDING HILLS DRIVE** SHINY STARS HOME CARE HENDERSON, NV 89052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 000 H 000 **Initial Comments**

This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on June24, 2009. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was two. Two resident files were reviewed and two employee files were reviewed. The following deficiencies were identified: H 011 Director Duties-Needs Assessment H 011 NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change. This Regulation is not met as evidenced by: Based on interview and record review on June 24, 2009, the needs of 2 of 2 residents were not assessed upon admission to the home (Resident 1 and 2).

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVS4305HIC		B. WING		06/2	24/2009	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•		
SHINY STARS HOME CARE		1038 ASTOUNDING HILLS DRIVE HENDERSON, NV 89052						
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H 012	Continued From page	e 1		H 012				
H 012	Director Duties-Docu	ment Abilities		H 012				
	The director of a hom 2. Ensure that the ne home are assessed uresident to the home, updated as the needs Such an assessment	eds of each resident of upon admission of the and that the assessments of the resident change must include:	the ent is					
	Based on record revi							
H 013	NAC 449.15523 Director of a home 2. Ensure that the ne home are assessed uresident to the home, updated as the needs Such an assessment	ctor: Duties. (NRS 449. ne shall: eds of each resident of upon admission of the and that the assessment of the resident change must include:	the ent is	H 013				
	Based on record revi	ot met as evidenced by: ew on June 24, 2009, thems in which 2 of 2 resident #1 and #2).	he					

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
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			1038 ASTOUNDING HILLS DRIVE HENDERSON, NV 89052				
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H 018	Continued From page	e 2		H 018			
H 018	Director Duties-BLC8	RDAS Phone Numbers		H 018			
	The director of a hom 3. Ensure that the res (b) Receive: (4) The names of, ar for the registration of		ers reau				
	This Regulation is not met as evidenced by: Based on observation, interview and record review on June 24, 2009, the director did not ensure that the names and telephone numbers for registration of complaints with the Bureau of Health Care Quality and Compliance and the Division for Aging Services were made available to 2 of 2 residents (Resident #1 and #2).		t ers u of e				
H 040	Agreement Concerni	ng Rates		H 040			
	home and resident comaintenance of record49.249) The operator of a hord. Enter into a written resident of the home	rds of residents. (NRS me shall: agreement with each that sets forth the basic home and the charge:	c rate				
	Based on record revi facility could not prod	ot met as evidenced by ew on June 24, 2009, t luce a rate agreement to the for the services of the	he :hat				

SHINY STARS HOME CARE		1038 ASTOUNDING HILLS DRIVE HENDERSON, NV 89052				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION		ID PROVIDER'S PLAN OF CORRECTION REFIX (EACH CORRECTIVE ACTION SHOULD BE			
H 040	Continued From page 3	H 040				
	home and the charges for any optional service for 2 of 2 residents (Resident #1 and #2).	ces				
H 041	Records of Residents-Maintain file 5 years	H 041				
	NAC 449.15527 Agreement between operate home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for eac resident of the home and retain the file for 5 years after the resident permanently leaves thome.	h				
	This Regulation is not met as evidenced by: Based on observation, record review and interview on June 24, 2009, the facility failed maintain a separate, organized file for 2 of 2 residents (Resident #1 and #2).					
H 042	Records of Residents-Name,address,DOB,S	SN H 042				
	NAC 449.15527 Agreement between operator home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves thome. Each file must include: (a) The full name, address, date of birth and social security number of the resident.	h				

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H 044 Records of Residents-Copy of physical

The operator of a home shall:

449.249)

home and resident concerning rates; maintenance of records of residents. (NRS

NAC 449.15527 Agreement between operator of

H 044

FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4305HIC 06/24/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1038 ASTOUNDING HILLS DRIVE** SHINY STARS HOME CARE HENDERSON, NV 89052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 044 Continued From page 5 H 044 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (c) A copy of the results of a general physical examination of the resident conducted by his physician; and This Regulation is not met as evidenced by: Based on record review on June 24, 2009, the facility did not obtain a copy of a general physical examination conducted by a physician on 2 of 2 residents (Resident #1 and #2). H 045 Records of Residents-Current Needs H 045 Assessment NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (d) A current copy of the assessment of the needs of the resident conducted pursuant to NAC 449.15523.

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subsection 1 of NAC 441A.200.

a:

3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have

(a) Physical examination or certification from a licensed physician that the person is in a state of

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4305HIC 06/24/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1038 ASTOUNDING HILLS DRIVE SHINY STARS HOME CARE HENDERSON, NV 89052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 050 Continued From page 7 H 050 good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter. unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph

(g) of subsection 1 of NAC 441A.200.

7. A medical facility shall maintain surveillance of

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.

2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for

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determines that the risk of exposure is

appropriate for a lesser frequency of testing and

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does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall

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This Regulation is not met as evidenced by: Based on record review on June 24, 2009, the facility failed to ensure that 2 of 2 residents complied with NAC 441A.380 regarding

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#2).